

TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 1 1

2. STATE:

Idaho

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THROUGH 11 IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.110(a)

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ -0-

b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1.A.11

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1.A.11

10. SUBJECT OF AMENDMENT:

Limitations on Physical Therapy Services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Karl B. Kurtz

13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

Director

15. DATE SUBMITTED:

September 29, 2000

16. RETURN TO:

Joseph R. Brunson, Administrator  
Idaho Dept of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0036

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

OCT 2 2000

18. DATE APPROVED:

NOV 21 2000

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 1 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Teresa L. Trimble

21. TYPED NAME:

Teresa L. TRIMBLE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID AND STATE DEPT. OF HEALTH

23. REMARKS:

## 11. Physical Therapy and Related Services:

## a. Physical Therapy Services – Independent Practitioners:

**P&I change**

Payment for physical therapy services by a licensed physical therapist **as defined under 42 CFR 440.110 by direct order of** ~~must be ordered by~~ a physician as a part of the plan of care, and be provided either in the patient's home or in the therapist's office. An office in a nursing home or hospital is not considered an independent therapist's office. Recipients are limited to twenty-five (25) visits per calendar year without prior authorization by the Department. Included in this limitation are outpatient hospitals, independent providers, and physical therapy under school-based services and developmental disability agencies.

## b. Services for Individuals with Hearing Disorders-Audiology Services

The Department will pay for audiometric services and supplies according to Medical Assistance Manual section 03.9108. The Department will pay for one audiometric examination and testing related to the exam each calendar year when ordered by a physician and provided by a certified audiologist and/or licensed physician. Any hearing test beyond the basic comprehensive audiometry and independent testing must be ordered in writing before the testing is done.